

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	1					
13						
14						
15						
16						
17						
18	1					
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27						
28						
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30						
31	1	X				
32						
33						
34						
35						
36	1					
37						
38						
39						
40						
41	1					
42						
43	1					
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	9	↓		↓		↓
TOTAL DEP.	41	←		←		←
TOTAL CLAIMS	50					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52						
53						
54						
55						
56	1					
57						
58						
59						
60						
61	1					
62						
63						
64						
65						
66						
67						
68						
69						
70	1					
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72						
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75						
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77						
78	1					
79						
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81						
82	1					
83						
84						
85						
86						
87						
88						
89	1					
90						
91	1					
92						
93						
94						
95						
96						
97	1					
98						
99						
100						
TOTAL IND.	14	↓		↓		↓
TOTAL DEP.	36	←		←		←
TOTAL CLAIMS	50					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	5		28		29	
TOTAL DEP.	10		87		96	
TOTAL CLAIMS	25		115		115	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS